

Section 8: Capacity Building Technical Assistance

The HIV Prevention Community Planning Committee (HPCPC) and the Administration for HIV/AIDS (AHA) have identified the need to provide technical assistance to AHA and AHA-funded community-based organizations to build their capacity to plan, implement, and evaluate HIV prevention programs. The Centers for Disease Control and Prevention (CDC) has also recognized that building capacity in community-based programs and in the local health jurisdictions is an essential component of ensuring effective prevention efforts.

Capacity Assessment Process and Methodology

To improve the delivery of technical assistance, the HPCPC and AHA will implement a two-phase project that will produce individual reports for each organization as well as a summary to identify system-wide needs. Phase I, an assessment of the organizations' capacity to plan, implement and evaluate prevention programs, will begin in January 2000 as a joint effort of AHA and the HPCPC's Needs Assessment Subcommittee. Phase II will include the design and delivery of technical assistance based on the assessment findings and will begin in January 2001.

The first phase of the assessment will examine the following areas:

- Inventory and description of any technical assistance previously received from various sources.
- Analyses of the outcome of recommended organizational or program changes made as a result of prior technical assistance.
- Assessment of current capacity to design, implement and evaluate HIV prevention programs, including capabilities to analyze data.

Once all potential recipients of the assessment and technical assistance are identified, the capacity assessment protocols will be developed. The Needs Assessment Subcommittee, along with AHA prevention staff, will work closely with a consulting team in developing the project protocols.

A community orientation meeting will be held in January 2000, to which all targeted organizations will be invited. Those in attendance will be asked to participate in the capacity assessment, and summary materials about the project will be distributed to all who attend as well as to those who are absent.

The assessment will use a mail-out survey and an on-site assessment, which will include interviews with staff from several levels and will be conducted by a team of trained consultants and AHA staff. Prior to visiting an organization, team members will become familiar with each organization's programs by reviewing literature from the organizations and becoming familiar with each program's data collection tools. The on-site evaluation instruments will be piloted with two organizations prior to conducting the site visits. The instrument will be revised as needed based on the results of the pilot tests.

Two core areas will be assessed: program development, and evaluation capacity.

Program Development	Program Evaluation
Knowledge and use of the DC AIDS Prevention Plan Behavioral Theory Strategy Needs Assessment Program Design Planning Behavior Change Goals Process Objectives Outcome Objectives Ability to use data in formative evaluation	Design Evaluation Implementation Evaluation Capacity to obtain data Capacity to use data Capacity to use computers

In addition to the core capacity areas outlined above, past experience with technical assistance, collaboration experience and interactions with the AHA will be evaluated.

Analysis

Consultants will compare organizations by using a basic scale of "low - medium - high" ratings to measure each of the capacity elements. Each organization will be assigned scores based on the answers to standard questions.

Consultants will create narrative standards to describe characteristics of different capacity levels for each of the capacity elements. These narrative standards will be used to codify the scores of each capacity element.

Assessment findings will be presented in two formats, a narrative of overall themes across all prevention programs and an analysis of findings for each organization, which will be submitted to the organization for verification and revision.

Final reports will be submitted by September 30, 2000, to AHA's program managers and the HPCPC's Needs Assessment Subcommittee, who will develop a plan to provide capacity building technical assistance to prevention providers beginning in January 2001. As part of the plan, the HPCPC/AHA team will develop a resource guide identifying local, regional and national organizations — including the CDC-funded National and Regional Minority Organizations — that can provide technical assistance to minority CBOs in the District.

The plan will be used to update the Comprehensive HIV Prevention Plan.